

APPLICANT ABSTRACT

The Onondaga County Community Development Division 2008 Lead Hazard Control (LHC08) Program cost for the proposed 36-month period is \$5,095,933. This total includes the HUD Lead Hazard Control Grant funds of \$3,000,000, and from local funds, applicant match of \$595,933 and applicant leverage of \$1,500,000. Grant, match and leveraged funds will be used for education and outreach; testing children for blood lead levels, testing homes for identification of lead-based paint hazards; preparing risk assessments; lead hazard reduction; contractor training; data collection and analysis; and administration. Lead hazard control activities will reduce hazards in 210 units within the 36-month grant period.

Procedures and staffing are in place to begin the proposed program immediately upon award from HUD. The LHC08 Program will blend the extensive housing rehabilitation and lead hazard control experience of Onondaga County's Community Development Division (CDD) with that of the Onondaga County Health Department Lead Poisoning Control Program's (OCHD LPCP) thorough background in community outreach and education and lead hazard control. The LHC08 Program will complement existing housing and services programs, will use existing mechanisms for administration, and will use existing agencies as subrecipients. This program resulted in creation of lead-safe environments in 653 units with HUD Lead Hazard Control Grants awarded in 2001, 2004 and 2006. Onondaga County has consistently been in "Green" status with existing and prior grants

Onondaga County is an Entitlement Urban County under the U.S. Department of Housing and Urban Development Community Development Block Grant Program, receiving approximately \$3 million per year in CDBG, HOME and ESG funds. The County's Community Development Division develops and rehabilitates 150-200 units per year through numerous complex programs, and has completed over 4300 properties since 1976. CDD has applied for and received over \$89 million in Federal, State and local funds. CDD has sufficient experienced and certified staff to implement all programs, provide general administration and maintain fiscal control.

CDD will subcontract with the Onondaga County Health Department Lead Poisoning Control Program to conduct blood lead testing, education and outreach, and to coordinate relocation. OCHD LPCP was established in 1972, is funded through New York State Department of Health and is within the OCHD Bureau of Health Promotion and Disease Prevention. The goal of LPCP is to prevent lead poisoning (defined as a blood lead level ≥ 10 mcg/dl) in children under the age of six. LPCP will continue to conduct surveillance, screening, diagnostic evaluation, medical case management, environmental interventions, relocations, outreach and health education. LPCP's current staff includes a public health nurse, public health educators, environmental inspectors, and data management and administrative personnel.

Public health education and outreach are central components of LPCP. Each year, LPCP conducts a variety of activities which include: educational presentations, health fairs, professional in-services and physician education; distribution of educational materials; development and implementation of media campaigns; education of property owners and tenants on proper remediation of lead-based paint hazards; and promotion and referral to the CDD Lead Hazard Control Program and City of Syracuse Lead Program. LPCP networks and coordinates efforts with Community Based Organizations (CBOs), the Syracuse Regional Lead Task Force and the Central New York Regional Lead Resource Center. These activities will continue with the proposed grant program.

A total of 10,387 children under age six were tested for blood lead levels in 2005 in Onondaga County. There were 310 children (2.98%) with blood lead levels over 10 mcg/dl. Of the County's 128,441 housing units, 75% were constructed prior to 1980, with 60% constructed prior to 1970 and 16% prior to 1939. There are 91,231 pre-1978 occupied housing units in the target area of the proposed program. The County has a 2008 Median Family Income (MFI) of \$61,000.

Applicants to the LHC08 Program will have to be owner occupants or tenants with incomes at or below 80% of median. Applicants must have children or grandchildren under the age of six who live in or spend a significant amount of time in the home. Low-income foster care providers and low-income daycare providers referred from the County Health Department will also be assisted. Housing must be privately owned 1-4 units and there must be lead-based paint hazards present in the home. Eligible properties must be protected by a current Homeowners Insurance Policy, must be covered by flood insurance if located in a designated flood zone, and have all property taxes and mortgage(s) current. Children residing in housing units receiving assistance will be required to have blood tests within three months prior to and three months following hazard reduction.

CDD will always give immediate priority and preference to households having an EBL child present (EBL greater than 10 mcg/dl). These households will be processed immediately upon referral and will not be placed on a waiting list. Other interested persons who contact the program as a result of public education and outreach or referral will initially be placed on a waiting list. The Rehabilitation Supervisor and Rehabilitation Specialist will contact persons on the waiting list by mail bimonthly. The Rehabilitation Supervisor and Specialist will conduct interviews and obtain eligibility documentation. Eligible families will be given preliminary approval, subject to paint testing for presence of lead based paint.

An EPA certified paint inspection firm will continue under contract and perform XRF paint inspections. EPA certified CDD Risk Assessors/Housing Rehab Inspectors will obtain dust wipes and send them to be analyzed by an EPA certified laboratory also under contract. CD inspector/risk assessors will write risk assessments based on the paint inspection reports and dust wipe analyses and prepare work specifications that include general rehab and lead hazard reduction.

The CDD Rehab Specialist will solicit competitive bids from EPA-certified contractors. Copies of contractors' current certifications and insurance certificates will be required in order to bid. CDD Risk Assessors/Housing Rehab Inspectors will oversee hazard reduction activities with periodic inspections to assure that certified contractors are performing reasonable quality work in compliance with specifications and applicable Federal regulations. To ensure that hazard reduction workers are properly trained, CDD has spent over \$125,000 to train over 300 contractors and workers since 2001. Additional training will be offered with funds from this grant application.

All participants will receive required notices and additional education at several times during the Program. A signed statement acknowledging receipt of each notice will be kept on file. Temporary relocation will be offered as necessary, and will be coordinated by OCHD LPCP staff. Once hazard reduction is completed and the unit has passed clearance, the family will be allowed to return home. The CDD Lead Hazard Program will pay for all costs of temporary lodging.

Onondaga County will supply match contribution of \$595,933 and leverage of \$1,500,000 for the LHC08 Program. CDD match is comprised of staff services, mileage, laboratory and paint services, and other direct costs. Leverage is from CDD's CDBG Program and will fund mechanical and structural repairs not covered by LHC08 funds. Leverage funds will be allocated as deferred loans not to exceed \$10,000 per unit. A minimum of 150 units will be assisted. However based on LHC06's current average of \$7200 per unit, CDD estimates nearly all of the 210 LHC08 units will receive additional rehab work through leveraged funds. ***The match contribution for LHC08 is 19.86%, exceeding the 10% match requirement by \$295,933. Combined match and leverage totals \$2,095,933, equal to 69.86% of Total Federal share.***

Key program activities and outputs will be completed within three years according to HUD benchmarks. The elapsed time frame for a typical unit from referral and intake to completion and clearance will be an estimated 180 days. Enrollment will take 45 days. Evaluation will require 45 days. Bidding, contract prep and hazard reduction will require 75 days, and clearance will take 1-15 days.

HUD Goal	Policy Priority	Construction Type:	Problem, Need, Situation	Services of Activities/Outputs	Measure		Outcome	Measure		Total
1		2	3	4	5	6				

[illegible]

Development

008 Pending

Component Name:

Evaluation Tools

2

Accountability

A. Tools for Measurement

Database

Intake log

Interviews

Program specific form(s)

Technical assistance log

B. Where Data Maintained

Agency database

Individual case records

C. Source of Data

Payment vouchers

Progress reports

Work plan reports

Inspection results

Testing results

D. Frequency of Collection

Annually

Quarterly

Daily

Upon incident

E. Processing of Data

Computer spreadsheets

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[illegible]

Journal of Management Education 34(1) 1-12

100

Journal of Management Education 36(7) 809-824

Development

008 Pending

Component Name:

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Evaluation Tools
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Accountability

Development

008 Pending

Component Name:

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Evaluation Tools

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Accountability

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Component Name:

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Component Name:

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Evaluation Tools
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Accountability

Development
008 Pending
Component Name:

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Evaluation Tools

7

Accountability

Grant Application Detailed Budget Worksheet

Name and Address of Applicant:		Onondaga County Community Development	
		1100 Civic Center	
		Syracuse, NY 13202	
		315-435-3558	

Detailed Description of Budget (for full grant period)									
Category	Position or Individual	Estimated Hours	Rate per Hour	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share
1. Personnel (Direct Labor)	Program Mgr./Hous. Rehab Supvtr(75%)	4,095	\$26.76	\$109,582	\$92,550	\$17,032			
	Community Develop. Administrator (5%)	273	\$46.32	\$12,645	\$10,614	\$2,031			
	Housing Program Coordinator (25%)	1,365	\$31.55	\$43,068	\$40,282	\$2,784			
	Housing Rehab Specialist(35%)	1,911	\$23.28	\$44,488	\$37,575	\$6,913			
	Admin Planning & Funding Coord (5%)	273	\$40.24	\$10,986	\$9,111	\$1,875			
	Administrative Aide (10%)	546	\$19.69	\$10,751	\$9,079	\$1,672			
	Housing Rehab Aide (25%)	1,365	\$17.15	\$23,410	\$19,767	\$3,643			
Total Direct Labor Cost									
				\$254,928	\$218,978	\$35,950			
2. Fringe Benefits	Fringe Benefits @37%								
Total Fringe Benefits Cost									
				\$94,323	\$81,022	\$13,301			
3. Travel									
3a. Transportation - Local Private Vehicle	Housing Rehab Specialist Mileage								
Subtotal - Trans - Local Private Vehicle									
				\$3,159	\$2,727	\$432			

Grant Application Detailed Budget Worksheet

Detailed Description of Budget

	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
3b. Transportation - Airfare (show destination)											
HUD-Washington - 1 trip*2 staff	2	\$440.00	\$880	\$880	\$0						
Subtotal - Transportation - Airfare			\$880	\$880	\$0						
3c. Transportation - Other											
Airport parking	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Taxi	2	\$32.00	\$64	\$64	\$0						
	2	\$30.00	\$60	\$60	\$0						
Subtotal - Transportation - Other			\$124	\$124	\$0						
3d. Per Diem or Subsistence (indicate location)	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Meal allowance - 3 days*2 staff*1 trip	6	\$30.00	\$180	\$180	\$0						
Lodging - 3 nights*2 staff*1 trip	6	\$150.00	\$900	\$900	\$0						
Subtotal - Per Diem or Subsistence			\$1,080	\$1,080	\$0						
Total Travel Cost			\$5,243	\$4,811	\$432						
4. Equipment (Only items over \$5,000 Depreciated value)	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Equipment Cost											

Grant Application Detailed Budget Worksheet

Detailed Description of Budget											
5. Supplies and Materials (Items under \$5,000 Depreciated Value)											
5a. Consumable Supplies	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Office supplies	1	\$2,500.00	\$2,500	\$2,500	\$0						
Subtotal - Consumable Supplies			\$2,500	\$2,500	\$0						
5b. Non-Consumable Materials	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Non-Consumable Materials											
Total Supplies and Materials Cost			\$2,500	\$2,500	\$0						
6. Consultants (Type)											
	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Total Consultants Cost											
7. Contracts and Sub-Grantees (List Individually)											
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Deferred loans for hazard reduction	210	\$10,000.00	\$2,100,000	\$2,100,000	\$0						
Deferred loans for related rehab	150	\$10,000.00	\$1,500,000	\$0	\$0				\$1,500,000		
Hsg.Rehab.Insp/Risk Assessor (3.5 FTE)	19110	\$23.28	\$444,881	\$104,950	\$339,931						
Hsg.Rehab.Insp/Risk Assessor Fringe	444881	37%	\$164,606	\$38,832	\$125,774						
Hsg.Rehab.Insp Mileage	151200	\$0.585	\$88,452	\$22,907	\$65,545						
Contractor Supervisor/Worker Trng	72	\$500.00	\$36,000	\$36,000	\$0						
Health Department Services	1	\$299,000.00	\$299,000	\$299,000	\$0						
Laboratory& Paint Inspection Services	260	\$350.00	\$91,000	\$91,000	\$0						
Total Subcontracts Cost			\$4,723,939	\$2,692,889	\$531,250				\$1,500,000		

Grant Application Detailed Budget Worksheet

Detailed Description of Budget

	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
3b. Transportation - Airfare (show destination)											
HUD-Washington - 1 trip*2 staff	2	\$440.00	\$880	\$880	\$0						
Subtotal - Transportation - Airfare			\$880	\$880	\$0						
3c. Transportation - Other											
Airport parking	2	\$32.00	\$64	\$64	\$0						
Taxi	2	\$30.00	\$60	\$60	\$0						
Subtotal - Transportation - Other			\$124	\$124	\$0						
3d. Per Diem or Subsistence (Indicate location)											
Meal allowance - 3 days*2 staff*1 trip	6	\$30.00	\$180	\$180	\$0						
Lodging - 3 nights*2 staff* 1 trip	6	\$150.00	\$900	\$900	\$0						
Subtotal - Per Diem or Subsistence			\$1,080	\$1,080	\$0						
Total Travel Cost			\$5,243	\$4,811	\$432						
4. Equipment (Only items over \$5,000 Depreciated value)											
Total Equipment Cost											

Grant Application Detailed Budget Worksheet

Detailed Description of Budget

8. Construction Costs

8a. Administrative and legal expenses	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Administrative and legal expenses											
8b. Land, structures, rights-of way, appraisal, etc	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Land, structures, rights-of way, ...											
8c. Relocation expenses and payments	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Relocation expenses and payments											
8d. Architectural and engineering fees	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Architectural and engineering fees											
8e. Other architectural and engineering fees	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
Subtotal - Other architectural and engineering fees											

Grant Application Detailed Budget Worksheet

	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income
8f. Project inspection fees											
Subtotal - Project inspection fees											
8g. Site work											
Subtotal - Site work											
8h. Demolition and removal											
Subtotal - Demolition and removal											
8i. Construction											
Subtotal - Construction											
8j. Equipment											
Subtotal - Equipment											
8k. Contingencies											
Subtotal - Contingencies											
8l. Miscellaneous											
Subtotal - Miscellaneous											
Total Construction Costs											

ONONDAGA COUNTY COMMUNITY DEVELOPMENT

Justification for Expenditures for Lead-Based Paint Hazard Control Grant Program
Program Years 2008, 2009 & 2010

FEDERAL FUNDS

1. Personnel (Direct Labor) - Federal Share: \$218,978

Total direct labor cost	Federal share of direct labor	In-kind matching funds
\$254,928	\$218,978	\$35,950

Funding is requested for a portion of the administrative costs for seven staff members who work on overall grant management. (The remaining amount is shown as in-kind match later in this budget narrative.) Hourly rates shown on HUD 424-CBW, Total Budget. Each employee's duties and portion of time are shown below.

[REDACTED] Housing Rehab Supervisor/Program Manager

Duties: Outreach, eligibility interviews, supervision of rehab staff, working closely with lead project director.
% of time on lead program: 75%

[REDACTED] Community Development Administrator

Duties: Planning, budgeting, reporting, contract management, general responsibilities of department head.
% of time on lead program: 5%

[REDACTED] Housing Program Coordinator/Project Director

Duties: Planning, budgeting, reporting, general responsibility, supervising lead program manager.
% of time on lead program: 25%

[REDACTED] Rehab Specialist

Duties: Outreach, intake, verification, bidding, contracts, maintaining files.
% of time on lead program: 35%

[REDACTED] Administrative Planning and Funding Coordinator

Duties: Disbursement of funds, accounting.
% of time on lead program: 5%

[REDACTED], Admin. Aide

Duties: Contract and payment processing
% of time on lead program: 10%

[REDACTED] Housing Rehab Aide

Duties: verifying applications, public information, mailings and file close-out
% of time on lead program: 5%

2. Fringe Benefits - Federal Share: \$81,022

Fringe benefit rate	Total direct labor cost	Total fringe benefits	Federal share of fringe benefits	In-kind matching funds
37%	\$254,928	\$94,323	\$81,022	\$13,301

3. Travel - Federal Share: \$4811

Requested funds cover mileage relating to overall grant management for the Rehab Specialist, at \$0.585 cents per mile x 1800 miles per year x 3 years = **\$3159**. Out-of-town travel is included for airfare, taxi, parking, meals and lodging for one trip to HUD meeting by Program Manager and Project Director = **\$2084**.

Rehab Spec. mileage	HUD meeting travel	Total travel	Federal share of travel	In-kind matching funds
\$3159	\$2084	\$5243	\$4811	\$432

4. Equipment – No equipment purchases.

5a. Consumable Supplies - Federal Share: \$2,500

Standard office supplies for writing, typing and computer use. No matching funds.

5b. Non-consumable Materials

No non-consumable materials to be purchased.

6. Consultants – No consultants used.

7. Contracts and Sub-grantees - Federal Share: \$2,692,689

- Funds are requested for 210 deferred loans of \$10,000 each to cover the cost of lead hazard reduction work = **\$2,100,000**.
- Funds are requested for a portion of five Housing Rehab Inspector/Risk Assessors (Mark Forbes, Jerry Landi, Dave Malagisi, Phil Welch, Tony Ficarra) who perform primary grant activities, including Risk Assessment, work write-up, estimating, bid documents, construction management, and clearance.

	Estimated Cost	Federal Share	Match
Inspector/Risk Assessor Salaries	\$444,881	\$104,950	\$339,931
Inspector/Risk Assessor Fringe Benefits	\$164,606	\$38,832	\$125,774
Inspector/Risk Assessor Mileage	\$88,452	\$22,907	\$65,545
TOTAL INSPECTOR/RISK ASSESSOR ACTIVITIES	\$697,939	\$166,689	\$531,250

- Funds are requested for training at \$500 each for 72 workers/supervisors to perform lead hazard reduction = **\$36,000**.
- The Onondaga County Health Department will be a sub-grantee. Funds are requested for Health Department services totaling \$299,000. (*This amount is less than 10% of the Federal amount requested. Breakdown not required, available upon request.) **Federal share of Health Department services: \$299,000.**
- Funds are requested for a portion of Laboratory services and Paint inspection services for a total of \$350 each for 260 jobs = \$91,000. (**Federal Share of Lab and Paint inspection services = \$91,000.**)

8. Other Direct Costs - None

9. Indirect Costs – None

TOTAL FEDERAL REQUEST FOR THREE YEARS \$3,000,000

MATCH/IN-KIND SERVICES

1. Personnel - Match/In-Kind: \$35,950

Matching funds are provided from Community Development Block Grant funds for the remaining portion of time of seven staff members who work on overall grant management. Hourly rates shown on HUD 424-CBW, Total Budget. Total direct labor cost is calculated using each employee's portion of time shown above.

Total direct labor cost	Federal share of direct labor	In-kind matching funds
\$254,928	\$218,978	\$35,950

2. Fringe Benefits - Match/In-Kind: \$13,301

Fringe benefit rate	Total direct labor cost	Total fringe benefits	Federal share of fringe benefits	In-kind matching funds
37%	\$254,928	\$94,323	\$81,022	\$13,301

3. Travel - Match/In-Kind: \$432

Matching funds of \$432 are provided from Community Development Block Grant funds for a portion of the Rehab Specialist mileage.

Rehab Spec. mileage	HUD meeting travel	Total travel	Federal share of travel	In-kind matching funds
\$3159	\$2084	\$5243	\$4811	\$432

4. Equipment – No matching funds.

5. Supplies and Materials – No matching funds.

6. Consultants – No matching funds.

7. Contracts and Sub-grantees - Match/Leverage/In-Kind: \$2,031,250

Onondaga County commits a total of **\$1,500,000** of its annual CDBG/HOME allocation over the next three years as cash leverage to be integrated into the 2008 Lead Hazard Control Program. Leverage dollars will fund general rehab including necessary mechanical and structural repairs within units assisted through the LHC08 Program. With a \$10,000 CDBG/HOME subsidy limit per unit, leveraged funds will assist a *minimum* of 150 units, but more likely may be applied to the majority of 210 units undergoing lead hazard reduction as proposed under the LHC08 Program, given that average costs for general rehab are running around \$7200 per unit. Onondaga County commits another **\$531,250** in CDBG/HOME funds for the balance of costs associated with five Housing Rehab Inspectors/Risk Assessors who perform primary grant activities, including Risk Assessment, work write-up, estimating, bid documents, construction management, and clearance, as follows:

	Estimated Cost	Federal Share	Match
Inspector/Risk Assessor Salaries	\$444,881	\$104,950	\$339,931
Inspector/Risk Assessor Fringe Benefits	\$164,606	\$38,832	\$125,774
Inspector/Risk Assessor Mileage	\$88,452	\$22,907	\$65,545
TOTAL INSPECTOR/RISK ASSESSOR ACTIVITIES	\$697,939	\$166,689	\$531,250

8. Other Direct Costs - Match/In-Kind: \$15,000. CDBG funds are provided for postage, advertising, photocopying, and staff training.

9. Indirect Costs – No matching funds.

TOTAL IN-KIND MATCH AND LEVERAGE FOR THREE YEARS \$2,095,933

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WORK PLAN DEVELOPMENT WORKSHEET
WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS
FOR 36-MONTH PERIOD OF PERFORMANCE

Healthy Homes and Lead Hazard Program										OMB Approval Number 2539-0015 (exp 11/30/2008)					
Grant Number:	Grantee Organization: Onondaga County										Period of Performance: Oct 1, 2008 - Sept 30, 2011				
ACTIVITY	Q1 2008 Oct - Dec	Q2 2009 Jan - Mar	Q3 2009 Apr - Jun	Q4 2009 Jul - Sep	Q5 2009 Oct - Dec	Q6 2010 Jan - Mar	Q7 2010 Apr - Jun	Q8 2010 Jul - Sep	*Q9 2010 Oct - Dec	Q10 2011 Jan - Mar	Q11 2011 Apr - Jun	Q12 2011 Jul - Sep	Q13 2011 Oct - Dec	Q14 2012 Jan - Mar	
Applicant Capacity (0-120 days)															
Staff Hired															
Approved Environmental Review and Release of Funds															
Written Policies and Procedures															
Lead Hazard Control Implementation Units in Grant Agreement = \$															
Paint Inspections/Risk Assessments:															
Performance Standard		5%	15%	30%	45%	55%	65%	85%	95%	100%					
Work Plan Milestone		10	31	63	94	115	136	178	199	210					
% Planned		5%	15%	30%	45%	55%	65%	85%	95%	100%					
Actual # Completed															
Actual % Completed															
** Units in Progress															
Units Completed and Cleared:															
Performance Standard			2%	5%	15%	30%	45%	55%	* 65%	85%	95%	100%			
Work Plan Milestone			4	10	31	63	94	115	136	178	199	210			
% Planned			2%	5%	15%	30%	45%	55%	65%	85%	95%	100%			
Actual # Completed															
Actual % Completed															
Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$															
Performance Standard				5%	10%	15%	20%	30%	* 45%	60%	80%	95%	100%		
LOCCS Drawdown Work Plan Milestone				\$ 150,000	\$ 300,000	\$ 450,000	\$ 600,000	\$ 900,000	\$ 1,350,000	\$ 1,800,000	\$ 2,400,000	\$ 2,850,000	\$ 3,000,000		
% Planned				5%	10%	15%	20%	30%	* 45%	60%	80%	95%	100%		
Actual LOCCS Drawdown															
Actual Cumulative LOCCS Drawdown %															
Community Outreach / Education / Training															
Community Outreach and Education Work Plan Milestone				33%			66%				100%				
Community Outreach and Education Milestone Achieved															
Skills Training Work Plan Milestone				24			48				72				
Skills Training Milestone Achieved															
Performance Measured Against Approved Work Plan Milestones													100%		
Close-Out Oct 1 - Dec 31, 2011															
* Renewal Eligibility Milestone															
** No bench mark standard															

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	2008LHCapplicantabstract.doc	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	HUD-96010CombinedLeadV8.3_042	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	HUD-424-CBW.xls	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	2008BUDGnarrCDD.doc	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	HUD-96008.xls	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

America's Affordable Communities
Initiative

U.S. Department of Housing
and Urban Development

OMB approval no. 2510-0013
(exp. 03/31/2010)

* Organization Name:

Onondaga County

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (www.huduser.org/publications/destech/smartcodes.html)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes? Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms. <i>(If you have attachments that are electronic files please scroll to bottom of page 5 and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Total Points:		

**Part B. State Agencies and Departments or Other Applicants for Projects Located in
Unincorporated Areas or Areas Otherwise Not Covered in Part A**

	1	2
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification?</p> <p>Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" (www.huduser.org/publications/destech/smartcodes.html)</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development? If yes, briefly list these changes.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p> <p><i>(If you have attachments that are electronic files please scroll to bottom of this page and attach. For information that is not in an electronic format use the eFax method. See the General Section Instructions for eFaxing.)</i></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>Total Points:</p>		

Additional Information:

Add Attachment

Delete Attachment

View Attachment

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011
(exp. 08/31/2009)

Applicant/Recipient Information

* Duns Number:

* Report Type:

INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

Onondaga County

* Street1:

1100 Civic Center

Street2:

* City:

Syracuse

County:

* State:

NY: New York

* Zip Code:

13202

* Country:

USA: UNITED STATES

* Phone:

315-435-3558

2. Social Security Number or Employer ID Number:

156000461

* 3. HUD Program Name:

Lead-Based Paint Hazard Control in Privately-Owned Housing

* 4. Amount of HUD Assistance Requested/Received: \$

3,000,000.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: Onondaga County Lead-Based Paint Hazard Control Program

* Street1:

1100 Civic Center

Street2:

* City:

Syracuse

County:

Onondaga

* State:

NY: New York

* Zip Code:

13202

* Country:

USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☒ Yes

☐ No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

☒ Yes

☐ No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Form HUD-2880 (3/99)

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

U.S. Department of Housing and Urban Development

Government Agency Address:

* Street1: 451 7th Street SW

Street2:

* City: Washington D.C.

County:

* State: DC: District of Columbia

* Zip Code: 20410

* Country: USA: UNITED STATES

* Type of Assistance: CDBG/HOME/ADDI

* Amount Requested/Provided: \$ 4,357,514.00

* Expected Uses of the Funds:

housing programs, capital projects, admin/delivery

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %
			\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Tricia Riter

07/07/2008

Facsimile Transmittal

1213816812-9550

U. S. Department of Housing
and Urban DevelopmentOffice of Department Grants
Management and OversightOMB Approval No. 2525-0118
exp. Date (5/30/2008)

* Name of Document Transmitting: Onondaga County Lead Hazard Control Program Attachments

1. Applicant Information:

* Legal Name: Onondaga County

* Address:

* Street1: 1100 Civic Center

Street2:

* City: Syracuse

County:

* State: NY: New York

* Zip Code: 13202

* Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: [REDACTED] CFDA No.: 14.900

Title: Lead-Based Paint Hazard Control in Privately-Owned Housing

Program Component:

3. Facsimile Contact Information:

Department: Community Development

Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Ms.

* First Name: Tricia

Middle Name: Ottley

* Last Name: Riter

Suffix:

* Phone Number: 315-435-3558

Fax Number: 315-435-3794

* 5. Email: trishriter@ongov.net

* 6. What is your Transmittal? (Check one box per fax)

☒ a. Certification ☐ b. Document ☐ c. Match/Leverage Letter ☐ d. Other

* 7. How many pages (including cover) are being faxed?

2

Close Form

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

[Close Form](#)[Next](#)[Print Page](#)[About](#)OMB Number: 4040-0004
Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

07/07/2008

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Onondaga County

* b. Employer/Taxpayer Identification Number (EIN/TIN):

156000461

* c. Organizational DUNS:

d. Address:

* Street1:

1100 Civic Center

Street2:

* City:

Syracuse

County:

* State:

NY: New York

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

13202

e. Organizational Unit:

Department Name:

Community Development

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Linda

Middle Name:

M.

* Last Name:

DeFichy

Suffix:

Title:

Administrator

Organizational Affiliation:

* Telephone Number:

315-435-3558

Fax Number:

315-435-3794

* Email:

ldefichy@ongov.net

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.900

CFDA Title:

Lead-Based Paint Hazard Control in Privately-Owned Housing

* 12. Funding Opportunity Number:

FR-5200-N-06

* Title:

LEAD-BASED PAINT HAZARD CONTROL GRANT PROGRAM, LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM,
OPERATION LEAD ELIMINATION ACTION PROGRAM

13. Competition Identification Number:

LHC-06

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Onondaga County, New York

* 15. Descriptive Title of Applicant's Project:

Onondaga County Community Development Lead-Based Paint Hazard Control Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 25

* b. Program/Project 25

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 09/30/2011

18. Estimated Funding (\$):

* a. Federal	3,000,000.00
* b. Applicant	2,095,933.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,095,933.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ NoExplanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms.

* First Name: Tricia

Middle Name: Ottley

* Last Name: Riter

Suffix:

* Title: Housing Program Coordinator

* Telephone Number: 315-435-3558

Fax Number: 315-435-3794

* Email: trishriter@ongov.net

* Signature of Authorized Representative: Tricia Riter

* Date Signed: 07/07/2008

FACTOR 1: CAPACITY OF APPLICANT AND RELEVANT ORGANIZATIONAL EXPERIENCE

Onondaga County Community Development Division has the skills, authority and capacity to successfully implement the 2008 Lead-Based Paint Hazard Control (LHC08) Program in 3 years.

a. APPLICANT CAPACITY

Onondaga County Community Development Division (CDD) became a County department and received its first Community Development Block Grant in 1975. The County received its first LHC grant of \$2,100,000 in 2001, a renewal grant of \$3,000,000 in 2004, and a third grant in 2006 for \$3,000,000. The County has met or exceeded its benchmark goals and consistently been given green performance ratings in the last four reporting quarters under the OHHLHC Quarterly Progress Reporting System. **Tested procedures, experienced staffing and effective partnerships are in place to begin the proposed program immediately upon award from HUD.**

The Program Manager, [REDACTED] is on staff as Housing Rehabilitation Supervisor. She will serve as day-to-day Program Manager, dedicating a minimum of 75% of her time to the Program. She has a Bachelors Degree and 22 years of administrative and management experience with complex housing rehabilitation and LHC programs. [REDACTED] has participated in numerous HUD-sponsored administrative training sessions, is a certified Lead Sampling Technician, and has a certificate from the HUD Remodelers and Renovators training course. This position is categorized as a Grade 11, with a 2008 salary of \$48,711. She will be responsible for the day to day operation of LHC08, including identification of eligible applicants; budgeting; proper documentation of case files; supervision of Housing Rehab Inspectors and Specialist, collection of required data, and submission of required data and reports.

The Program Manager will report to [REDACTED] Housing Program Coordinator, who will serve as Overall Project Director and spend approximately 25% of her time on LHC08. [REDACTED] has a Bachelors Degree and eight years of experience in management of Federal and state housing and capital grants. She will oversee all aspects of the program, including administration, data collection and analysis, and lead hazard grant application and implementation.

[REDACTED] is Community Development Administrator and will oversee all agency staff, contracts and programs. She has a Bachelors degree and 32 years experience as Administrator. She will spend 5% of her time on LHC08.

Resumes of key personnel above are attached; other staff in place to begin program implementation upon award includes Housing Rehabilitation Inspectors/Risk Assessors [REDACTED]

[REDACTED] All have 12-22 years experience in this title. Duties will include risk assessment, work write-up, estimating, bid documents, construction management, and clearance. Housing Rehab Specialist [REDACTED] has 8 years experience in this title and his duties will include outreach, intake, verification, bidding, contracts, and maintaining files. [REDACTED] Administrative Planning and Funding Coordinator, has 27 years experience and her duties will include drawdown of funds and accounting. Administrative Aide [REDACTED] has 11 years experience in this title and her duties will be contract and payment processing. Housing Rehab Aide [REDACTED] has 9 years experience in this or similar title. Her duties will include verifying applications, public information, mailings and file close-out.

CDD has an EPA Firm License and all Housing Rehabilitation Inspectors are EPA certified Risk Assessors. The Housing Rehab Supervisor and Specialist are also certified Lead Sampling Technicians. Licenses and certifications will be renewed according to EPA regulations.

CAPACITY OF CDD SUBRECIENT

CDD will subcontract with the Onondaga County Health Department through their Lead Poisoning Control Program (LPCP) to conduct blood lead testing, health education, community outreach, promotion, and coordination of temporary relocation activities as needed.

Program Coordinator [REDACTED] *(not funded under this grant) will coordinate the activities of the Lead Poisoning Control Program.* [REDACTED] has served as Program Coordinator of the LPCP since 2005. She will oversee strategic planning, policy development, financial management, budgeting, and staffing of the program. As the subcontractor Project Manager, [REDACTED] will supervise and coordinate OCHD staff, manage their day-to-day activities and ensure timely accomplishment of goals and objectives specified in the LHC08 work plan. [REDACTED] is also the Health Insurance Portability and Accountability Act (HIPAA) Compliance Officer for the LPCP and will ensure that all HIPAA requirements are met to ensure the confidentiality of medical information obtained during LHC08 implementation.

Public Health Educator [REDACTED] *will spend 25% of her time on this program.* For 13 years, [REDACTED] has organized all health education and outreach activities of the LPCP, including summer outreach, media campaigns, press releases, presentations and health fairs. She will be involved in the planning, development and implementation of education/outreach activities as outlined in Rating Factor 3. She'll assist in monitoring and evaluating the LHC08 grant and preparing reports. She speaks Ukrainian and is able to communicate with the County's large population of Ukrainian and Russian immigrants.

Relocation Coordinator/Public Health Educator [REDACTED] *will spend 12.5% of her time on this program.* [REDACTED] has been a Public Health Educator with OCHD for 12 years and with LPCP since 2005. She will assist [REDACTED] with all aspects of education and outreach. She will work with CDD staff and selected contractors to coordinate all aspects of temporary relocation of households as needed, including arranging for lodging, food, transportation, storage, and moving expenses.

Phlebotomist [REDACTED] *will spend 10% of her time on this program.* [REDACTED] has worked for the OCHD as a Phlebotomist since 2004. She will collect blood lead samples from children in need of testing.

Clerk II [REDACTED] *will spend 17.5% of her time on this program.* [REDACTED] has worked for the LPCP as a Clerk II since 2005. She will manage the blood lead database used to track children's blood lead levels. She will also assist with LHC08 promotion to clients over the phone and with CDD brochure mailings to parents of children recently tested for lead.

Typist II [REDACTED] *will spend 25% of her time on this program.* [REDACTED] has worked for the LPCP for 1 year. She will coordinate mass mailings, send blood lead testing results to CDD, and perform other duties to support outreach, education and relocation efforts.

Typist II [REDACTED] *will spend 20% of her time on this program.* [REDACTED] has worked for the LPCP as a Typist II since 2006. She will assist with LHC08 promotion to clients over the phone and CDD brochure mailings to owners and tenants of properties cited for lead hazards.

b. RELEVANT ORGANIZATION EXPERIENCE

CDD became a County department and received its first Community Development Block Grant (CDBG) in 1975. CDD received its first LHC Grant of \$2,100,000 in 2001, a renewal grant of \$3,000,000 in 2004, and a third grant of \$3,000,000 in 2006 (LHC06). CDD has met or exceeded its benchmark goals and consistently been given green performance ratings in the last four reporting quarters under the OHHLHC Quarterly Progress Reporting System.

Although CDD's LHC06 grant agreement expires 10/31/09, based on completed and pipeline projects at the time of submittal of this proposal, CDD anticipates that implementation of the LHC06 program will be 90% complete by the time contracts are executed for LHC08. The anticipated, albeit brief, overlap in grants

will enable CDD to seamlessly transition from one contract period to the next without compromising program fluidity or service delivery. **Tested procedures and experienced staffing are in place to begin the proposed LHC08 Program immediately upon award from HUD.**

Given the extensive need for lead hazard control in Onondaga County, proven success of the County's LHC Program, and maturation of critical partnerships with other program participants, the County is now in a position to expand its LHC Program and therefore seeks additional funds through a separate Lead Hazard Reduction Demonstration Grant proposal. If funded, CDD will hire additional staff to help implement this grant, while utilizing the expertise of existing staff in key positions to support the department's expanded efforts. The County has successfully managed overlapping grants since 2001 and assures that all funded applications will be managed and implemented concurrently. CDD has implemented the following programs since 1975:

- NYS Affordable Housing Corporation Home Improvement Program (AHC) provides AHC and CDBG grants up to \$10,000 to low/very low-income families in CDD target areas. To date, approximately 1067 units have been rehabilitated, and 47 are underway. AHC funds supplement LHC funding for general rehab on units participating in the LHC Program.
- Safe Housing Assistance Program for the Elderly (SHAPE-UP) provides CDBG/HOME grants up to \$10,000 to very low-income elderly homeowners for health and safety-related repairs. Approximately 1429 homes have been rehabilitated to date through SHAPE-UP.
- Housing Preservation Grant Program provides USDA Rural Development and CDBG grants up to \$10,000 to very low-income elderly homeowners in remote rural areas. Approximately 162 homes have been rehabilitated to date through this program.
- Neighborhood Rehabilitation Program (NRP) provides CDBG/HOME grants up to \$10,000 to low income families in target area homes. Approximately 768 homes have been rehabilitated to date through NRP, which supplements LHC funding for general rehab.
- The RAMP Program provides CDBG/NYS Access to Home grants up to \$5000 to low-income disabled owners or renters for accessibility items including ramps and bathroom modifications. Approximately 519 persons have been assisted to date.
- Other HUD funded programs operated by CDD include: Flood/Mudslide Relief Program, 113 homes; Water/Sewer Hook-up Program, 202 homes; HUD Section 312 Loan Program, 27 loans; HUD Section 8 Moderate Rehabilitation, 22 rental units; and HUD Rental Rehabilitation Program, 129 rental units.

Since 2001 and with award of the County's first LHC grant, the primary focus of CDD's Housing Program has shifted to addressing the priority need of lead hazard control in homes occupied by children under six. Many of CDD's programs are now directed toward leveraging LHC funds within these units, either through supplementing funds available for direct LHC activities, or through providing additional funding to address other rehab needs within these units.

RELEVANT ORGANIZATION EXPERIENCE, OCHD

The mission of OCHD is to protect and improve the health of all Onondaga County residents through disease prevention, health promotion and assurance of a safe and healthy environment. OCHD has extensive experience in planning, developing and administering grant-funded projects. At present, OCHD is administering over 60 federal, state and foundation grants, with budgets ranging from \$9,500 to over \$1,948,404. Long-standing partnerships with health care providers, health and human service agencies, neighborhood associations, law enforcement agencies, school districts, legislative and judicial leaders, and faith-based groups contribute to OCHD's success.

OCHD's LPCP was established in 1972 and is primarily funded through NYSDOH. The goal of LPCP is to prevent lead poisoning (defined as a blood lead level $\geq 10 \mu\text{g/dL}$) in children under the age of six. The LPCP conducts surveillance, screening, diagnostic evaluation, medical case management, environmental interventions, relocations, outreach and health education. The LPCP's current staff includes a public health nurse, public health educators, environmental inspectors, data management and administrative personnel.

Public health education and outreach are central components of the LPCP. Each year, OCHD LPCP conducts a variety of activities and events including educational presentations; health fairs; professional in-services; physician education; distribution of educational materials; development and implementation of media campaigns; education of property owners and tenants on proper remediation of lead-based paint hazards; and promotion and referral to the CDD Lead Hazard Program and City of Syracuse Lead Program. OCHD LPCP networks and coordinates efforts with community organizations, the Syracuse Regional Lead Task Force and the Central New York Regional Lead Resource Center.

From June through September, OCHD LPCP conducts daily door-to-door outreach in high-risk areas to educate residents about lead issues and to locate children in need of lead testing. One day per week, the LPCP uses the Lead Bus, a mobile clinic van, to provide on-site blood lead testing at houses where children in need are identified. In addition, fixed clinic sites are held during the summer throughout the County to provide free blood lead testing. During summer 2007, LPCP staff visited 5,330 homes in high-risk census tracts and tested 224 children countywide. Other 2007 LPCP highlights included the following:

- LPCP and OCHD WIC Program screened 2934 children: 236 at Head Starts, City of Syracuse Pre-Ks and daycare centers; 2387 through WIC; 224 at fixed sites and through door-to-door summer outreach; 51 at OCHD clinics; and 36 at other locations.
- A media campaign was developed and promoted throughout the year, with 43 press releases, 13 interviews (TV, radio, newspaper) and 5 articles published.
- LPCP conducted events surrounding Lead Poisoning Awareness Week in October 2007 including a joint City/County press release, paint paddle distribution at hardware stores, brochure distribution to code enforcers in Onondaga County municipalities, a library display and participation in Zoo Boo.
- LPCP provided education to 61 OCHD staff, 44 medical student interns, 143 individuals applying to be foster parents, and 938 individuals at 23 public outreach events.
- LPCP coordinated with other OCHD programs to provide outreach and education. Between WIC and Healthy Neighborhoods, over 3000 families were educated about lead poisoning prevention. The OCHD Bureau of Surveillance and Statistics sent out over 6500 brochures containing lead poisoning prevention information to parents of newborns.
- Mass mailings were conducted to notify parents that their child was due/overdue for lead testing. In 2007, over 7000 letters were sent out.
- Outreach to physicians included mailings, phone calls, referrals and presentations to encourage screening of children age 1 and 2 and appropriate follow-up testing.
- In 2007, the LPCP conducted 261 inspections, including those conducted on behalf of children with blood lead levels ≥ 10 $\mu\text{g/dL}$ and those conducted as part of LPCP's primary prevention events (multi-unit dwellings, special tests, resource homes, etc.). Of the inspections conducted, 189 had lead hazards identified. Owners of these properties received education through mailings and one-on-one encounters about lead safe hazard reduction practices. In 2007, lead hazard control was completed on 143 properties. Administrative hearings were a driving force for getting property owners to comply with LPCP requirements.
- LPCP provided education, testing and followup for refugee children newly arrived to the US.
- LPCP distributed 15,000+ brochures and post cards promoting the Lead Hazard Program.

POCHD received funding for two new initiatives in 2007, both aimed at increasing primary prevention efforts in areas where children are at the highest risk for lead poisoning. A grant through the US Environmental Protection Agency (EPA) will provide outreach and supplies to reduce lead dust in the homes of young children. Another grant through the NYSDOH will provide additional funding for environmental lead inspections to identify and correct lead hazards in homes prior to a child becoming lead poisoned. Lead poisoning prevention is key to meeting the CDC goal of eliminating childhood lead poisoning by 2010.

Through LPCP, OCHD consistently meets the goals and objectives of the NYSDOH work plans to reduce lead poisoning in Onondaga County, and is helping to fulfill the promise of NYSDOH's Plan to Eliminate Childhood Lead Poisoning in NYS by 2010. **Because of its excellent performance, OCHD has received funding for the LPCP from NYSDOH every year since 1972.**

FACTOR 2: NEED/EXTENT OF THE PROBLEM

See HUD Form 96013, Factor 2, Need/Extent Of The Problem.

FACTOR 3: SOUNDNESS OF APPROACH

a. 2008 LEAD HAZARD CONTROL (LHC08) WORK PLAN STRATEGY

See Form HUD-96008, Work Plan Development Worksheet with Minimum Benchmark Performance Standards, for time-phased objectives for paint inspections, unit production, LOCCS drawdowns, community outreach and education, and skills training. Measurable outcomes are as follows:

MEASURABLE OUTCOMES	
Estimated # units to be made lead-safe	200 Owner-occupied 5 Rental 5 Vacant <u>210</u> TOTAL
Estimated # children living in units to be made lead-safe	225
Estimated # persons to be trained to perform lead hazard control activities	72
Estimated # educational events to be presented	15 events including 350 activities serving 40,000+ persons: See d(2), Lead Hazard Control Outreach

(1) Program Administration and Financial Management

(a) CDD Administrator [REDACTED] will oversee all CDD staff and will manage contracts with the Onondaga County Health Department (OCHD), Ecospect (paint inspection firm) and BTS Laboratories (dust wipe analysis). Housing Rehabilitation Inspectors/Risk Assessors will oversee each individual project. Grant funds will be paid directly by CDD to contractors.

(b) LHC08 Program participants must be owner occupants or tenants with incomes at or below 80% MFI (50% of rentals assisted will be occupied by tenants with incomes at or below 50% MFI). Participants must have children or grandchildren under the age six who live in or spend a significant amount of time in the home. Assisted properties must be privately owned 1-4 unit properties in Onondaga County, with documented lead-based paint hazards. Eligible properties must be protected by a current Homeowners Insurance Policy; be covered by flood insurance if located in a designated flood zone; and must have all property taxes and mortgage(s) current.

The Housing Rehab Specialist will meet with potential applicants at the CDD office or in their homes to complete the application process. The Rehab Specialist will obtain documentation to determine eligibility, which the Program Manager will confirm, and which will include written verification of income, proof of ownership, blood lead level test results for children under age six, and other appropriate documentation. Eligible families will be given preliminary approval. XRF Paint inspections and dust wipes will be the basis of risk assessments, which will determine the presence, concentration and condition of lead-based paint. Priority will be given to households having a child present with EBL greater than 10 mcg/dl.

LHC08 work will be performed in conjunction with CDD-funded rehabilitation. Up to \$10,000 will be made available for LHC activities within owner-occupied, rental and vacant units. Assisted owner-occupied units may receive up to an additional \$10,000 in CDD funds for other necessary rehabilitation. The average general rehab costs for properties participating in CDD's current LHC06 program are around \$7200. Therefore, CDD's pledged leverage funds of \$1,500,000 will assist, minimally, 150 units but more likely may be applied to the majority of proposed 210 units to participate in the LHC08 Program. Seneca Federal Savings and Loan Association, a private lending partner of CDD, has committed to a 1% interest rate reduction for program participants in need of additional financing in excess of available grant subsidies.

All grant funds will be made available as deferred zero-interest loans, secured for a term of five years by note and mortgage held by the County. For the proposed 200 owner-occupied units to be assisted (of 210 total proposed units), property owners must live in the home for the duration of the five-year regulatory period. For the proposed 5 rental units to be assisted, property owners must charge less than or equal to HUD Fair Market Rental Rates for the Syracuse MSA, and must rent to income-eligible tenants with children under the age of six (or clearly document that the unit was affirmatively marketed to this target population) for the duration of the five-year regulatory period. Compliance with these terms will result in mortgage discharge at the end of the 5-year regulatory period, with no repayment necessary.

The proposed 5 vacant units to be assisted will be those purchased by Onondaga County Housing Development Fund Co., a non-profit arm of County government, for rehab and resale to income-eligible first time homebuyers. Where applicable, preference for resale will be given to eligible and interested buyers with children under the age of six. First time homebuyer program participants receive a HOME subsidy to help write down the cost of their mortgage, which is secured by a 10-year note and mortgage committing them to occupancy throughout its duration.

CDD will monitor all LHC08 Program participants annually throughout the 5-year regulatory period to ensure compliance with these requirements. Letters will be sent to all participants, who will be required to certify continued occupancy (or in the case of new tenants, income eligibility). CDD will track responses and follow up on non-response/non-compliance. Participants will be given an opportunity to remedy noncompliance; continued noncompliance will result in recapture of the subsidy in full. Recaptured funds will be reapplied to additional LHC activities.

(c) CDD participates in and advocates for the NYSDOH Plan to Eliminate Childhood Lead Poisoning in NYS by 2010. The plan outlines challenges to eliminating lead poisoning such as education, screening, housing and primary prevention and lists three focus areas (surveillance, high-risk populations and primary prevention) with goals, activities and action steps to overcome these challenges. The activities proposed in this proposal are consistent with the Plan, will contribute to the continued reduction of lead poisoning rates in Onondaga County, and will advance the goal to eliminate childhood lead poisoning by 2010.

NYS's focus area of primary prevention includes training staff from agencies that conduct home visits to recognize potential lead paint hazards. With critical support of HUD lead grant funding, OCHD LPCP has and will continue to engage extensively in primary prevention. Efforts include outreach to code enforcers, Office of Children and Family Services, OCHD Healthy Neighborhoods program, OCHD Public Health Teams, the Salvation Army and other home visitation agencies, to educate these groups to recognize lead hazards, and to increase awareness of CDD's LHC Program as a resource for lead hazard control.

With support from the LHC08 Program, the LPCP will continue to provide education and outreach to the community to raise awareness about lead poisoning, prevention methods, community resources and the importance/requirements of testing children at 1 and 2 years of age. CDD and OCHD will partner with community organizations and the Syracuse Lead Taskforce to develop community-wide events to prevent lead poisoning, and will continue to rely on partner non-profit faith based and community agencies including Catholic Charities, P.E.A.C.E. Inc., InterFaith Works, and Southern Hills Preservation Corp. to raise awareness about lead poisoning, particularly within at-risk neighborhoods.

(d) See Form HUD 27300, Questionnaire for HUD's Removal of Regulatory Barriers.

(2) Program Start-Up

CDD is an existing grantee currently implementing a highly successful program that is meeting or exceeding all benchmarks; the proposed LHC08 Program will be operational immediately upon execution of a grant agreement. All necessary procedures and staff are in place, including certified risk assessors, program manager, project director, and housing rehab specialist. Hazard reduction activities are planned for 210 homes, and will be completed within 36 months. The first home will be completed within 180 days. Reporting, data collection, and program analysis will be ongoing.

(a) The following additional factors ensure LHC08 Program readiness and continued success:

- A Memorandum of Understanding (MOU) is in place between CDD and OCHD's LPCP for implementation of CDD's LHC06 Program, and will be renewed upon funding for LHC08. The MOU commits OCHD to countywide and targeted (e.g. childcare providers, foster parents, community organizations) education and outreach; risk assessment of homes of potential foster parents; collaboration with community based organizations and the Syracuse Lead Task Force; implementation of a major media campaign on lead poisoning; temporary relocation as needed; lead testing through a range of venues; and organization of fixed mobile clinics in targeted at risk neighborhoods. OCHD will continue to provide CDD with a natural link to those most in need of lead hazard reduction work, namely owners of properties with children identified to have elevated blood levels and/or lead hazards. CDD and OCHD have collaborated successfully on LHC programs since 2001.
- CDD works with a large pool of EPA-certified contractors and will continue to do so during implementation of the LHC08 Program. CDD recently executed an MOU with CNY Works, the County's One Stop Career Center, to assist in building contractor capacity at the local level to work on lead projects and to expand economic opportunity among low-income and minority persons. CNY Works will refer low-income and MBE/WBE contractors and workers to CDD for participation in EPA-accredited training opportunities under the LHC08 Program. Additionally, CNY Works will work to connect trained persons to jobs with MBE/WBE businesses throughout the County.
- Following a formal RFP process, CDD executed contracts with Ecospect, an EPA-accredited paint inspection firm, and BTS Laboratories, an EPA-accredited dust wipe analysis lab, for its LHC06 Program. These contracts are in place and will be renewed as necessary for the LHC08 Program.
- CDD executed an MOU with Southern Hills Preservation Corp. (SHP), a Rural Housing Preservation non-profit and certified HUD counseling agency serving Southern Onondaga County, to assist in lead education and outreach. SHP will promote the County's LHC08 Program, and will provide education on lead hazards through its comprehensive Housing Counseling Program for first time homebuyers; through Rural Outreach (a collaboration of service agencies and food pantries serving southern Onondaga County); and through numerous community events. Additionally, SHP and CDD will partner on rehab projects through program referral.
- CDD has enlisted the committed support of Catholic Charities, one of the largest faith-based non-profit community organizations in the County, to assist with referrals to the LHC08 Program. Catholic Charities serves 16,000 people per year, and frequently encounters at-risk families and children that have been exposed to lead poisoning. Households with an EBL child present (EBL greater than 10 mcg/dl) will be processed by CDD immediately upon referral and not placed on a waiting list. Additionally, Catholic Charities will assist CDD to raise community awareness about lead hazards.
- CDD and OCHD have an ongoing partnership with the Central/Eastern New York Lead Poisoning Resource Center (LPRC) through active participation on the Syracuse Regional Lead Task Force. Collaborative efforts include education about lead poisoning in Onondaga County to the general public and at-risk populations. Additionally, the LPRC, which is housed at SUNY Upstate Medical University, is in a strong position to refer families with children exposed to lead poisoning to CDD's program.
- CDD has committed support from P.E.A.C.E, Inc, the County's Community Action Agency, to provide referrals from their Weatherization Assistance Program, and to aid in community outreach and education. Additionally, CDD has committed support from the Interfaith Works, Inc., a non-profit faith based community organization, to also assist with outreach and education.

(b) CDD will comply with 24 CFR Part 58 and carry out environmental review responsibilities as required. CDD Administrator Linda DeFichy will oversee environmental reviews and submission of Requests for Release of Funds. Trish Riter, Housing Program Coordinator and Overall Project Director, will obtain NYS Office of Historic Preservation review and approval of individual projects.

(3) Outreach, Recruitment and Unit Enrollment

(a) CDD will identify, select, prioritize and enroll eligible housing units on a first come, first serve basis, with the exception of units that house EBL children. **CDD will always give immediate priority and preference**

to households having an EBL child present (EBL greater than 10 mcg/dl). These households will be processed immediately upon referral and will not be placed on a waiting list.

CDD has administered a successful LHC program since 2001, and has developed effective partnerships with community-based organizations and the OCHD to aid in recruitment. CDD's LHC06 program will be near completion by the time 2008 contracts are executed; therefore CDD will be able to rollover the LHC06 waiting list and immediately begin processing new projects. Sufficient program participation throughout duration of the three-year grant will be supported in the following ways:

- Referrals from OCHD LPCP, Catholic Charities and/or Central/Eastern New York Lead Poisoning Resource Center of households with a lead poisoned child (EBL greater than 10 mcg/dl.)
- Interest generated from extensive public education and outreach by CDD and its partnering agencies
- Applicants already on waiting lists for CDD funded rehabilitation
- General referrals of interested persons from CDD's many partnering agencies

With the exception of households occupied by EBL children, all other interested persons who contact the program as a result of public education and outreach or through agency referral will initially be placed on a waiting list. The Rehabilitation Supervisor and Rehabilitation Specialist will contact persons on the waiting list by mail bimonthly, advising them to call CDD for an application interview. Persons will be screened to determine basic eligibility before scheduling an interview. Checklists of documentation required for the interview will be sent to each screened applicant. The Rehabilitation Supervisor and Specialist will conduct interviews and obtain ownership and income documentation. Eligible families will be given preliminary approval, subject to paint testing for presence of lead based paint. The Rehabilitation Supervisor will make the final determination of eligibility. All applicants will be notified in writing of their eligibility status.

CDD estimates that 260 applications will be taken in order to achieve the objective of qualifying and treating 210 units. Based on previous experience, CDD estimates that of the 260 to be enrolled, 235 will be owner-occupied, 15 will be rental units and 10 will be vacant single-family units. Ultimately, CDD estimates that 200 owner-occupied, 5 rental, and 5 vacant units will be assisted.

- (b) CDD's approach to controlling lead hazards in housing units before children are poisoned is as follows:
- The primary goal of CDD's LHC08 Program is to reduce lead hazards in targeted housing units in order to prevent lead poisoning of children living in those units today and in the future. To date, through critical HUD lead funding; match and leverage funds from all levels of government; and committed partners and program participants, CDD has successfully controlled lead hazards within approximately 550 housing units. Upon completion of CDD's LHC06 grant, that number will be over 600 units. If CDD is successful with its LHC08 proposal and its 2008 Lead Hazard Reduction Demonstration Grant Proposal, implementation will yield *control of hazards and ultimate prevention of lead poisoning within over 1000 housing units in Onondaga County!*
 - The NYSDOH Plan to Eliminate Childhood Lead Poisoning in NYS by 2010 identifies primary prevention as both a significant challenge and primary focus area to eliminating lead poisoning in NYS. Accordingly, through CDD's MOU and strong partnership with the OCHD, primary prevention has become and will continue to be a cornerstone of CDD's LHC program. **CDD's LHC08 Program dovetails perfectly with OCHD's primary prevention efforts to ensure that identified hazards are controlled before children are poisoned.** HUD lead grant funds will supplement NYSDOH, USEPA, and local funds used by the OCHD to administer an aggressive and targeted primary prevention program. Efforts will include multi-agency staff training to look for, recognize and refer lead hazards during home visits; preventative home inspections to detect the presence of lead before children are poisoned; purchase of supplies to reduce lead dust; and extensive community outreach and education.
 - Since 2001 and with award of the County's first LHC grant from HUD, the primary focus of CDD's overall Housing Program has shifted to addressing the priority need of reducing lead hazards in homes occupied by children under six. Many of the programs CDD operates are now directed toward leveraging LHC funds within these units, either through supplementing funds available for direct LHC, or through providing additional funding to address other rehab needs within these units.

- Given finite funding, and in order to maximize the number of units assisted, CDD will primarily use cost-effective interim control methods, and abatement as needed, including siding installation and replacement of such components as windows and doors, to control lead hazards. Determination of methods to be used will be on a unit-by-unit basis and will be based on the findings and recommendations of EPA-accredited risk assessors. Specifications for hazard reduction will be prepared keeping in mind that each house is likely to have a modest market value and that the maximum amount of deferred loan assistance available to each unit will average \$10,000.

(c) CDD has administered a successful LHC Program since 2001, and has developed effective partnerships with community-based organizations and the OCHD to aid in recruitment. CDD's LHC06 program will be near completion by the time 2008 contracts are executed; therefore CDD will be able to rollover the LHC06 waiting list and immediately begin processing new projects. Additionally, sufficient program participation throughout duration of the three-year grant will be supported in the following ways:

- Referrals from LPCP, Catholic Charities and/or Central/Eastern New York Lead Poisoning Resource Center of households with a lead poisoned child (EBL greater than 10 mcg/dl.)
- Interest generated from extensive public education and outreach by CDD and its partnering agencies
- Applicants already on waiting lists for CDD funded rehabilitation
- General referrals of interested persons from CDD's many partnering agencies

LHC08 Program outreach and education goals are to sustain recruitment and program participation, and to raise awareness about lead poisoning prevention. The Program Manager will monitor recruitment status and implement measures identified to sustain recruitment. LHC06 Program outreach efforts add 2-3 households per week to the waiting list; this rate is expected to continue under LHC08. Typically, 50% of persons on the waiting lists respond to letters offering home interviews. Of those interviewed, 90% will complete the qualification process and will be determined to be eligible. Those who do not respond will be presumed to screen themselves out because they do not meet all eligibility requirements.

CDD will conduct the following outreach events:

- Advertising on the local cable access channel 3-5 times per day throughout the year.
- Purchase ads on local network TV stations, 4 weeks in a row, 2 times per year
- Mass mailings of brochures to homes built before 1978 and to parents of children under age 6 who have been previously tested for lead poisoning.
- Mailings to individuals purchasing homes built prior to 1978 as listed in the real estate transactions in the local Syracuse newspaper.

Other outreach events will be primarily the responsibility of the OCHD. The Public Health Educators, under the supervision of the LPCP Coordinator, will be responsible for the lead poisoning prevention education and outreach related to LHC08. Duties will include presentations, distribution of brochures and other incentives, mass mailings, media releases and articles in local publications, newsletters and bulletins. Specifically, the LPCP will provide community education through the following events and activities:

- Development, implementation and coordination of a media campaign, including newspaper, television and radio coverage with press releases, public service announcements, articles submitted to local newsletters and church bulletins, and advertisements in neighborhood weekly newspapers and community-wide shopper's guides.
- Mailings to property owners and tenants receiving violation letters following identification of lead hazards during inspection at their properties.
- Distribution of literature, incentives (e.g. paint paddles) and other educational materials (videos, posters) at community centers, daycare centers, parent resource centers, physicians offices, hardware stores, food pantries, churches, local businesses (paycheck stuffers) and local banks.
- Displays in at least three branches of the Onondaga County Public Library annually. Library patrons are provided with brochures and videos are available on lead poisoning prevention.
- Display at approximately six health fairs and two home shows per year to talk one-on-one to parents, homeowners, contractors, etc., and to distribute brochures and incentives. Health Fairs are held at schools, community-based organizations, malls, parks, and churches. Two home shows are held each

year in Onondaga County: 1) the Affordable Homes Fair, attended by several hundred renter families, and 2) the Central New York Homebuilders Association Home Show, attended by several thousand families. Jar openers, sponges, coloring books, bibs and spray bottles are given as incentives for answering lead hazard questions.

- Educational presentations to parents, potential foster parents (all individuals applying to be foster parents through the Department of Social Services), community groups, code enforcers, childcare providers, childcare center licensing staff, OCHD staff, health-care providers, etc.
- Collaboration with community based organizations on educational and special events. Community based non-profit organizations that collaborate with the LPCP include the Dunbar Center, NE Community center, SW Community Center, Spanish Action League, Huntington Family Center, Peace Inc., Center for New Americans, Westcott Community Center, Bishop Foery Center, Girls Inc. of Central New York, Refugee Center and Neighborhood Watch.
- Collaboration with community based organizations, such as Spanish Action League, the Center for New Americans and the Refugee Center to translate lead literature into their population's native tongues as the need arises. Languages of the targeted groups include Spanish, Vietnamese, Russian, African languages and others as the need arises.
- One-on-one education about the program during home visits by the Public Health Nurse to families of children with elevated blood lead levels.
- One-on-one education in clinical settings and over the phone when individuals call for information about lead poisoning. The LPCP provides education to families of all children receiving blood lead testing at OCHD clinics, Head Starts, Pre-Ks, daycare centers and through the OCHD WIC (Women, Infants and Children) program. During the summer months, the LPCP also conducts education and testing in a unique door-to-door outreach campaign and at fixed clinic sites throughout the county.

(d) CDD and its subrecipient OCHD have established procedures for sharing blood lead test results. Upon enrollment in the LHC08 Program, parents of children under the age six will complete and sign the OCHD *Authorization for Use or Disclosure of Individually Identifiable Health Information* form, which will allow the OCHD to provide CDD blood lead level tests conducted prior to and after completion of lead hazard reduction. OCHD will provide CDD with copies of violation letters that owners and tenants receive following identification of lead hazards during unit inspection. (Because patient information is not contained in these letters, and because the LPCP conducts inspections for a variety of reasons other than for children with elevated blood lead levels, sharing of this information will not violate HIPAA.) CDD will proceed with direct contact and recruitment mailings to attempt to enroll property owners and tenants in the LHC08 Program.

(e) CDD executed an MOU with Southern Hills Preservation Corp. (SHPC), a Rural Housing Preservation non-profit serving southern Onondaga County, to provide referrals to CDD from their housing rehabilitation programs for units in need of lead hazard reduction. CDD has committed support from P.E.A.C.E, Inc, the County's Community Action Agency, to provide referrals from their Weatherization Assistance Program. Any referrals received from these or other programs will be added to the normal enrollment process described above, unless an EBL child is involved. Since CDD operates the CDBG and HOME programs in the target area, referrals from those programs will be internal and automatic.

b. TECHNICAL APPROACH/LEAD HAZARD CONTROL INTERVENTION

(1) Management. The Program Manager, CDD's Housing Rehab Supervisor, will provide day-to-day management of the rehab process; assign projects internally; supervise development of work specs, bid documents, and the bidding process; award each bid; and provide general supervision of LHC activities. CDD's Housing Rehab Specialist will prepare bid documents and coordinate the bidding process. CDD's five Risk Assessors/Inspectors will be assigned to cases based on workload and availability. The Risk Assessors/Inspectors will base risk assessments on paint inspection reports and dust wipe analyses and will prepare work specifications that include general rehab and lead hazard reduction. CDD Risk Assessors/Inspectors will also provide direct supervision of contractors.

Risk assessments/inspections will be conducted using the HUD risk assessment model. Risk assessments will determine the lead content of paint, location and degree of deterioration of lead-based paint, and degree to which it poses an immediate or latent threat to residents' health. Lead hazards from interior dust and exterior soil will also be evaluated. Risk assessments will determine the level of hazard reduction efforts needed. In accordance with these methods, CDD Risk Assessors/Inspectors will obtain dust wipes and send them to BTS Laboratories, an EPA certified lab under contract with CDD, to be analyzed. CDD has an existing contract with Ecospect, an EPA certified paint inspection firm, to perform XRF paint inspections. The County's procurement process was conducted in such a way as to allow for extension of both BTS and Ecospect contracts as necessary.

The standard process for any contractor wishing to participate in CDD rehabilitation programs will include completing a Contractor Data Form and supplying proof of insurance coverage at specified limits. CDD will check references listed on the Contractor Form and check with local consumer agencies. Copies of contractors' current licenses and insurance certificates will be required prior to being allowed to bid.

CDD will follow a sealed competitive bid procurement process for hazard reduction activities. CDD's Housing Rehab Specialist will solicit bids from at least five EPA-certified contractors for each project. Each contractor will receive a copy of the Work Specifications and will be required to visit the job site and fully inform themselves of work items and conditions described in the specs. Contractors will have 10 days to submit their sealed bids which must include the cost of all permits, certificates, and approvals as determined by the contractors. Contractors will be encouraged to contact CDD for clarification of any work items. The Program Manager will award each job to the lowest responsible bidder. CDD will reserve the right to reject any and all bids, if rejection is in the best interest of the program. In most cases, work specifications will include both LHC and general rehab work, and will be bid out to contractors certified to perform both. This will promote cost effectiveness and coordination of performance of all work items.

(2) Coordination

(a) The LHC08 Program furthers HUD's priority policy to Improve our Nation's Communities as follows:

- CDD will implement its LHC08 Program in partnership with numerous other housing and human service agencies serving County residents. These existing partnerships are the foundation of efforts to leverage use of local, state and federal resources to address client needs in a comprehensive and cost-effective manner. CDD will coordinate lead control activity with general rehab and weatherization activities in cooperation with LHC08 Program partners including P.E.A.C.E., Inc, a Community Action Agency that manages Onondaga County's Weatherization Program and Southern Hills Preservation Corp., a Rural Housing Preservation non-profit serving southern Onondaga County. Where feasible, CDD will coordinate with these partner agencies to undertake non-lead rehab within LHC08 assisted units. Additionally, CDD will leverage the majority of its non-lead CDBG and HOME program annual allocation for the next three years to undertake general rehab within LHC08 assisted units.
- CDD will coordinate a series of EPA-accredited trainings in order to build contractor capacity to undertake LHC work and to expand job opportunities for low-income persons. CDD will partner with CNY Works, the County's One Stop Career Center, to identify and capture low-income and minority workers to participate in this training, which broadens the expertise and marketability of our local contractors and workers, and expands the pool of local contractors available to address lead issues that are prevalent within much of the City of Syracuse and Onondaga County's aging housing stock. These efforts are consistent with and further the goals of the Syracuse Empowerment Zone Strategic Plan; a Certificate of Consistency from the EZ Coordinator is included with this application.

(b) Ecospect, an EPA certified firm under CDD contract, will perform XRF paint inspections. The current fee is \$280 per house. Dust wipes and risk assessments (including visual inspections) will be performed by CDD Risk Assessors/Housing Rehab Inspectors prior to preparation of work specifications. Work specifications written by EPA certified CDD staff will include both general rehab and LHC work. Dust wipes will be taken again to obtain clearance after hazard control work is completed. BTS Laboratories, an EPA certified laboratory, will complete analysis of the dust wipes. Their current fee is \$7.50-\$25 per wipe depending on response time requested. The lead based paint threshold utilized for the program will be the

HUD threshold of 1.0 mg/cm² or 0.5% by weight, or less than 40, 250,400 mg/ft² for lead dust on floors, sills and troughs, respectively.

(c) To ensure that hazard reduction workers are properly trained, CDD has spent over \$125,000 to train over 300 contractors and workers since 2001. CDD is proposing additional contractor training through the LHC08 Program. Copies of contractors' current certifications and insurance certificates will be required to be on file with CDD prior to being allowed to bid. Competitive bids will be solicited from EPA-certified contractors to conduct hazard reduction activities. CDD's EPA-certified Risk Assessors/Housing Rehab Inspectors will supervise and inspect contractors and hazard reduction activities to assure that certified contractors are performing reasonable quality work in compliance with work specifications and all applicable Federal, State and local regulations.

(d) See Form HUD-96008. The elapsed time frame for a typical unit from referral and intake to completion and clearance is 180 days. On average, enrollment will take 45 days; evaluation 45 days; bidding, contract prep and hazard reduction 75 days; and clearance 1-15 days. **CDD will always give immediate priority and preference to households having an EBL child present (EBL greater than 10 mcg/dl). These households will be processed immediately upon referral and will not be placed on a waiting list.**

(e) CDD Housing Rehab Supervisor/Program Manager Susan Grossman will monitor production status by reviewing weekly written reports submitted by each CDD Housing Rehab Inspector/Risk Assessor. CDD will hold biweekly meetings to review and discuss production status, and to develop remedies to any impediments identified. Meetings will be attended by the CDD Administrator; Project Director; Program Manager; and Housing Rehab Specialist. LHC08 production roles and responsibilities are as follows:

I. Identification, Selection, Prioritization, Intake/enrollment, Financing	II. Evaluation	III. Work Specifications, Bidding/contractor selection	IV. Hazard reduction/Relocation if necessary	V. Clearance
CDD Housing Rehab Specialist, Housing Rehab Supervisor /Program Manager	IIa) Paint inspections by Ecospect	IIIa) Work specs by CDD Rehab Inspectors/Risk Assessors	IVa) Hazard reduction by EPA certified contractors	Dust wipes by CDD Rehab Inspectors/Risk Assessors, Analyzed by BTS Lab
	IIb) Dust wipes taken by CDD Rehab Inspectors /Risk Assessors, Analyzed by BTS Lab	IIIb) Bidding by CDD Housing Rehab Specialist	IVb) Construction monitoring by CDD Housing Rehab Inspectors /Risk Assessors	
	IIc) Risk assessment by CDD Rehab Inspectors/Risk Assessors	IIIc) Bid opening and award by Rehab Supervisor, Contract prep by Specialist	IVc) Relocation, if necessary, by OCHD	

(f) OCHD LPCP staff will visit each household assisted through CDD's LHC08 Program, to provide education about lead issues, and temporary relocation assistance as needed and in accordance with HUD guidelines during lead-based paint hazard reduction activities. For small-scale projects, CDD Inspectors/Risk Assessors will work with the contractor to ensure that the affected area is properly enclosed so the family can safely occupy the house while hazard reduction is underway. In other cases, OCHD may ask the family to leave the house for the day, if lead work can be done within that time period

and there is no risk of exposure to lead dust. For larger-scale projects, OCHD LPCP staff will work with each household to assess its ability to obtain alternative housing during the hazard reduction period and to assess other household needs. Families will be encouraged to stay with relatives or friends. For families for whom this is not an option, LPCP will identify and relocate them to temporary housing. This process will involve close coordination with CDD and the selected contractor, to minimize the length of the relocation. LPCP has arrangements in place with Catholic Charities, as well as a number of hotels throughout the county for relocation of families. LPCP will coordinate other needs families may have while in relocation, such as food, household goods, transportation, storage, and moving expenses. During the relocation period, LPCP staff will remain in close contact to assure the family's needs are being met. Once hazard reduction is completed and the unit has passed clearance, the family will be allowed to return to their home. The CDD Lead Hazard Program will pay for all costs of temporary lodging. Based on implementation of current and previous lead grants, approximately 5% of the 210 participating families are expected to need lodging for an average of 5 nights per family at approximately \$100 per night.

(g) The OCHD LPCP or the applicant's health care provider will test children under age six residing in households participating in the Program within three months prior to application and within three months following hazard reduction. LPCP will provide blood lead testing at OCHD clinics, Head Starts, Pre-Ks, daycare centers and through the OCHD WIC (Women, Infants and Children) program. The fee at OCHD clinics will be on a sliding scale based on income and family size. The current maximum is \$15.

(i) To increase testing within the target area, LPCP will have a broad outreach and education plan to increase awareness of parents, physicians, and childcare providers of NYS requirements that all children be tested at 1 and 2 years old. The LPCP also will offer testing described above. From June through September, the LPCP will conduct daily door-to-door outreach using the Lead Bus, a mobile clinic, in defined high-risk areas and at fixed clinic sites throughout the County. This is part of the goal to Eliminate Childhood Lead Poisoning by 2010 and is discussed in greater detail below.

(ii) The applicant, whether owner or tenant, will be required to provide written blood lead level test results for children under age six, verification of income, proof of ownership, and other appropriate documentation. Documentation to determine applicant and property eligibility will be obtained by the Housing Rehab Specialist and confirmed by the Housing Rehab Supervisor/Program Manager.

(iii) LPCP will receive results of all blood lead tests for children in Onondaga County and has a comprehensive plan to refer children with confirmed elevated blood lead levels (EBLs) to appropriate medical care. Specifically, OCHD will mail the test results to families with children with EBLs of 10-14 µg/dL and provide risk reduction education and other materials. LPCP will also track the child's retest schedule to assure follow-up testing is performed, refer siblings and others at risk for testing, share information concerning the interaction with the primary health care provider, link the family to a health care provider if they do not have one and provide information about Child Health Plus Health Insurance. In addition to the above activities, children with EBLs of 15-19 µg/dL will receive a home visit from a public health nurse where health exposure and nutritional assessments will be conducted. If the nurse determines it appropriate, an environmental inspection will be conducted. Children with EBLs ≥ 20 µg/dL will receive the above-listed follow-up services and will also be tracked on a bi-weekly basis to ensure that they are receiving appropriate case management and environmental management.

The OCHD's activities with respect to patient medical information are covered by HIPAA. OCHD has established comprehensive procedures and will continue to ensure appropriate uses and disclosures of protected health information and that patient confidentiality, privacy and the security of medical information are maintained. The LPCP HIPAA Compliance Officer will work with the overall OCHD HIPAA Compliance Officer to ensure all policies and procedures are followed.

(h) Energy Star – CDD will coordinate LHC08 with general rehab activities funded by CDBG whenever possible. Work specifications for general rehab will promote energy efficiency and the purchase and use of Energy Star labeled products such as water heaters and furnaces.

c. ECONOMIC OPPORTUNITY

CDD will coordinate a series of EPA-accredited trainings in order to build local contractor capacity to undertake LHC work and to expand job opportunities for low-income persons. As part of this effort, CDD has executed an MOU with CNY Works, the County's One Stop Career Center funded through the federal Workforce Investment Act of 1998, to identify and capture low-income and minority workers to participate in trainings. This training broadens the expertise and marketability of our local contractors and workers, and expands the pool of contractors available to address lead issues that are prevalent within much of the City of Syracuse and Onondaga County's aging housing stock. CNY Works will reconnect with trained persons to link them back to job opportunities as needed.

CDD will promote training and recruit individuals and contractors to attend. EPA Certified firms will provide training at convenient locations. At least four sessions will be given during the three-year grant period. At least \$36,000 in grant funds will be used for worker training, certification and recertification. Training opportunities will be offered to approximately 72 individuals. Each session will include EPA Contractor/Supervisor certification and Lead Safe Work Practices. The program has trained over 200 persons since 2001.

Additional outreach to attract low-income persons to the training will include press releases and direct mailings to the CDD approved contractor list. Approved contractors will be encouraged to enroll their workers in the training. A list of persons completing training courses will be shared with approved contractors and CNYWorks for possible job placement. Contractors who are certified for participation in CDD's LHC08 Program will be advised of Section 3 requirements and encouraged to hire, provide job training and economic opportunities to low and very low-income residents. Compliance will be ensured by inclusion of appropriate language in hazard reduction contracts. Currently, all certified contractors reside in the LHC Program area. **These efforts are consistent with and further the objectives of the Syracuse Empowerment Zone Strategic Plan; a Certificate of Consistency from the EZ Coordinator is included with this application.**

d. LEAD HAZARD CONTROL OUTREACH

(1) CDD and its subrecipient, the OCHD, are participants in and advocate for the NYSDOH Plan to Eliminate Childhood Lead Poisoning in NYS by 2010. This participation will continue. The Plan outlines challenges to eliminating lead poisoning as education, screening, housing and primary prevention and lists three focus areas (surveillance, high-risk populations and primary prevention) with goals, activities and action steps to overcome these challenges. The activities proposed under LHC08 are consistent with the Plan and will contribute to the continued reduction in lead poisoning rates in Onondaga County and hopefully elimination of childhood lead poisoning by 2010. Particularly:

- The CDD LHC Program's primary intent is to reduce lead hazards in target housing for the purposes of preventing lead poisoning. To this end, over 400 houses between 2002-2006 and at least 210 houses between 2006 and 2009 will receive lead hazard reduction, representing a net loss in properties likely to contribute to the lead poisoning of a child.
- Another aspect of primary prevention is working with staff from agencies that conduct home visits to be able to recognize potential lead paint hazards and provide a referral to the LHC Program. With the support of this program, the LPCP has reached out to and will continue to work with code enforcers, Office of Children and Family Services, OCHD Healthy Neighborhoods program, OCHD Public Health Teams, the Salvation Army and other home visitation agencies to educate them about the LHC Program as a community resource for primary prevention of lead poisoning.
- With support from the LHC08 Program, the LPCP will continue to provide education and outreach to the community to raise awareness about lead poisoning, prevention methods, community resources and the importance/requirements of testing children at 1 and 2 years of age. In addition, the LHC Program and the LPCP will partner with Community Based Agencies and the Syracuse Lead Taskforce to develop community-wide events and activities to prevent lead poisoning.

- The CDD Lead Hazard Program will continue to provide certified lead worker and contractor/supervisor training and safe work practices training. Over 300 persons have been trained since 2001.
- The CDD Lead Hazard Program, through its communication with homeowners, will raise awareness regarding federal disclosure requirements by giving out the booklet "Protect Your Family from Lead in Your Home".

CDD will continue its successful working relationship with the OCHD Lead Poisoning Control Program. Additionally, CDD has solicited involvement from, and received the support of, many grassroots community based, faith based and private sector organizations to accomplish educational outreach, raise community awareness and assist in marketing the program, as documented in MOUs and support letters, as follows:

- CDD has executed an MOU with Southern Hills Preservation Corp. (SHP), a Rural Housing Preservation non-profit and certified HUD counseling agency serving Southern Onondaga County, to assist in lead education and outreach. SHP will promote the County's LHC08 program, and will provide education on lead hazards, through its comprehensive Housing Counseling Program for first time homebuyers; through Rural Outreach (a collaboration of service agencies and food pantries serving southern Onondaga County); and through numerous community events. Additionally, SHP and CDD will partner on rehab projects through program referral; eligible households participating in SHP's home improvement program will be referred to the County for participation in CDD's LHC08 program.
- CDD has enlisted the committed support of Catholic Charities, one of the largest faith-based non-profit community organizations in the County, to assist with program referrals. Catholic Charities serves 16,000 people per year, and frequently encounters at-risk families and children that have been exposed to lead poisoning. Households with an EBL child present (EBL greater than 10 mcg/dl) will be processed by CDD immediately upon referral and not placed on a waiting list. Additionally, Catholic Charities will assist CDD to raise community awareness about lead hazards.
- CDD has committed support from P.E.A.C.E, Inc, the County's Community Action Agency, to provide referrals from their Weatherization Assistance Program, and to aid in community outreach and education. Additionally, CDD has committed support from the Interfaith Works, Inc., a non-profit faith based community organization, to also assist with outreach and education.
- CDD and its subrecipient OCHD additionally have an ongoing partnership with and committed support of the Central/Eastern New York Lead Poisoning Resource Center (LPRC) through active participation on the Syracuse Regional Lead Task Force. Collaborative efforts include education about lead poisoning in Onondaga County to the general public and at-risk populations. Additionally, the LPRC, which is housed at SUNY Upstate Medical University, is in a strong position to refer families with children exposed to lead poisoning to CDD's program.

(2) The OCHD LPCP is currently a subrecipient and will continue to perform outreach, education and relocation activities. A memorandum of understanding (MOU) is in place and will be renewed as necessary. CDD and LPCP have been collaborating on LHC programs since 2001. CDD staff will arrange the following outreach efforts:

- Visual media advertising on the local cable access channel highlighting the Program: **3-5 ads per day x 52 weeks x 3 years = 3285-5475 advertisements.**
- Mass mailings of brochures to homes built before 1978 and to parents of children under age 6 who have been previously tested for lead poisoning: **5,000 Program brochures mailed per year x 3 years = 15,000 individuals reached.**
- Mailings to individuals purchasing homes built prior to 1978 as listed in the real estate transactions in the local Syracuse newspaper: **1,000 OCCD Program brochures mailed per year x 3 years = 3,000 individuals reached.**

The OCHD Public Health Educators will be responsible for the lead poisoning prevention education and outreach related to LHC08. Duties will include presentations, distribution of brochures and other incentives, mass mailings, media releases and articles in local publications, newsletters and bulletins. Specifically, LPCP will provide community education through the following events:

- Development and implementation of a media campaign, including newspaper, television and radio coverage with press releases, public service announcements and articles. Articles will also be submitted to local newsletters and church bulletins: **2 press releases x 3 years = 6 press releases; 2 media interviews x 3 years = 6 media interviews; 4 newsletter/bulletin articles x 3 years = 12 newsletter/bulletin articles**
- Development of an advertising campaign to promote the CDD Lead Hazard Program. Past events have revealed that television and radio advertising is the most effective at reaching the target audience. A television and radio advertising campaign will be conducted annually during the 3-year program: **1 television and radio advertising campaign x 3 years = 3 television/radio advertising campaigns.**
- Mass mailings of post cards to property owners throughout the target areas of Onondaga County using the Real Property Tax Database and the LeadTrac database of children tested for lead poisoning in Onondaga County: **5000 postcards per year x 3 year = 15,000 postcards sent.**
- Mailings to property owners receiving violation letters following identification of lead hazards during inspection at their properties and/or mailings to parents receiving notification of their child's elevated blood lead test: **150 letters per year x 3 years = 450 individuals reached.**
- One-on-educational home visit to all families enrolled in the CDD Lead Hazard Program to discuss sources of lead and preventive measures: **80 home visits x 3 years = 240 home visits.**
- Distribution of literature, incentives (e.g. paint paddles) and other educational materials (videos, posters) at libraries, community centers, schools, daycare centers, parent resource centers, physicians offices, hardware stores, food pantries, community based organizations, churches, local businesses and local lending institutions. The literature includes the brochure that outlines the CDD Lead Hazard Program eligibility criteria, and other brochures currently available from HUD, the State Department of Health and the OCHD LPCP that provide information on sources and prevention of lead poisoning, signs and symptoms, effects of lead, state screening guidelines, cleaning techniques to temporarily reducing lead hazards, what homeowners need to know about removing lead paint safely and community services available dealing with lead-based paint: **5,000 CDD Lead Hazard Program brochures per year x 3 years = 15,000 individuals reached; 3,000 other brochures per year x 3 years = 9,000 individuals reached.**
- Displays will be set up in branches of the Onondaga County Public Library. Library patrons are provided with brochures, and videos are available on lead poisoning prevention: **2 library displays per year x 3 years = 6 library displays.**
- Attendance at health fairs and home shows to talk one-on-one to parents, homeowners, contractors, etc. and to hand out literature and incentives. The Health Educator sets up and staffs a colorful display at six health fairs and two home shows per year. Health Fairs are held at schools, community-based organizations, malls, parks, and churches. There are two home shows every year in Onondaga County; 1) the Affordable Homes Fair, attended by several hundred renters and first time homebuyers and 2) the Central New York Homebuilders Association Home Show, attended by several thousand individuals. Jar openers, sponges, coloring books, bibs and spray bottles are given as incentives for answering lead hazard questions: **8 events per year x 3 years = 24 events; 400 individuals per year x 3 years = 1200 individuals.**
- Educational presentations to parents, potential foster parents (all individuals applying to be foster parents through the Dept of Social Services), community groups, code enforcers, childcare providers, childcare center licensing staff, OCHD staff, health-care providers, etc.: **20 presentations per year x 3 years = 60 presentations; 300 individuals per year x 3 years = 900 individuals reached.**
- Work with community based organizations to plan coordinated outreach efforts and provide ongoing educational and special events. Community based non-profits that collaborate with LPCP include the Dunbar Center, NE Community center, SW Community Center, Spanish Action League, Huntington Family Center, Peace Inc., Center for New Americans, Westcott Community Center, Bishop Foery Center, Girls Inc. of Central New York, Refugee Center and Neighborhood Watch: **12 meetings with community organizations per year x 3 years = 36 meetings.**

- One-on-one education about the program during home visits by the Public Health Nurse to families of children with elevated blood lead levels: **50 individuals educated per year x 3 years = 150 individuals educated.**
- One-on-one education in clinical settings and over the phone when individuals call the program for information about lead poisoning. The LPCP provides education to families of all children receiving blood lead testing at OCHD clinics, Head Starts, Pre-Ks, daycare centers and through the OCHD WIC (Women, Infants and Children) program. During the summer months, LPCP also conducts door-to-door outreach and testing. The public, with emphasis on parents and caregivers of children, is educated on the dangers of lead poisoning and provided with information on methods of risk reduction: **2500 individuals educated per year x 3 years = 7500 individuals educated.**

(3) Ultimately, the purpose of outreach and education will be to raise awareness about the issue of lead poisoning and to empower the family to take steps to protect their child. The OCHD LPCP has extensive experience conducting community educational campaigns aimed at achieving these goals. Program staff must deliver a wide variety of educational messages to a wide variety of end users different techniques/tools such as one-on-one education, presentations, games, incentives and literature.

LPCP will offer presentations tailored to meet the needs and capture the attention of the audience. For example, the Public Health Educator may use a lead Bingo game to raise awareness to a group of mothers of young children or use a translator to speak to a group for whom English is not their primary language. LPCP staff will make a point to provide presentation at times most convenient for the audience and at locations in the community (community centers, parent resource centers, libraries) where individuals live, feel most comfortable and hence learn best. LPCP also will incorporate health education into community health fairs and home shows, where learning is voluntary and participatory.

Similarly, CDD Lead Hazard Program literature will be chosen/developed to meet the needs of the audience. Most literature developed for the program will be targeted to a 4th grade reading level, as that has been shown to be most effective for the general public. This is particularly true with information regarding lead poisoning that is often difficult to comprehend due to its multidisciplinary nature (medical/environmental). A number of titles will also be available in other languages. LPCP will distribute NYSDOH brochures and fact sheets that are available in Spanish, Russian, Vietnamese and other languages. LPCP will also work with local community based organizations to have materials translated as necessary.

LPCP Health Education staff will be continually assessed in terms of their effectiveness at reaching their audiences through participant evaluations and pre- and post-testing. They will also be provided with ongoing training to improve their skills and learn about new methods for public health education. Recent topics of staff in-services include: social marketing, cultural sensitivity, story-telling, coordinating with interreligious communities and writing for printed media.

Specific instructional points emphasized during outreach and educational events will include: signs, symptoms, sources and effects of lead poisoning; NYS requirements for testing children at age 1 and 2; measures to prevent lead poisoning such as proper nutrition, washing hands/toys, running water prior to drinking or cooking, cleaning up paint chips and lead dust properly; lead poisoning prevention measures for pregnant women and adults; lead-safe hazard reduction techniques; local resources for testing, education, lead hazard remediation. The messages will be crafted to meet the needs of the audience.

(3)(a) The estimated number of individuals to receive the intended education is 40,000. The estimated number of unique outreach events is 15, which will result in over 350 activities over three years.

(4) Affirmatively Furthering Fair Housing

(a) Strategies to affirmatively further fair housing and increase access to lead safe housing will include several efforts. CDD contracts annually with the Fair Housing Council of Central New York to conduct fair housing testing, investigation and enforcement. This contract will be renewed as necessary. The Council

will also perform periodic updates to the Analysis of Impediments. All Fact Sheets sent to interested persons inquiring about the LHC08 program will contain the statement, "Fair Housing Laws prohibit discrimination in the sale or rental of housing based upon race, color, religion, sex, age, marital status, handicapped or familial status, or national origin." Several hundred Fact Sheets will be distributed annually.

(b) The CDD Lead Hazard Program will be used in conjunction with the County's Fair Housing Planning strategy to overcome any possible impediment to fair housing choice with regards to familial status (presence of children in the household) and disability. These issues are much more likely to arise in rental properties, where landlords are opposed to renting to a family with children because of possible liability on the landlord's part due to the presence of lead hazards in the rental unit, or when a landlord refused reasonable accommodation of a disability. Onondaga County will maintain a registry of publicly available information on lead safe units so families with children can make informed decisions about housing choices. Additionally, CDD staff will monitor assisted rental units on an annual basis to ensure that they are affirmatively marketed at an affordable rate to low-income families with children less than six years, throughout the associated five-year regulatory period.

e. DATA COLLECTION AND OTHER PROGRAM SUPPORT ACTIVITIES

(1) In addition to HUD reporting requirements, CDD Housing Rehab Supervisor/Program Manager Susan Grossman will monitor production status by reviewing weekly written reports submitted by each CDD Housing Rehab Inspector/Risk Assessor. CDD will hold biweekly meetings to review and discuss production status, and to develop remedies to any impediments identified. Meetings will be attended by the CDD Administrator; Housing Program Coordinator/Project Director; Housing Rehab Supervisor/Program Manager; and Housing Rehab Specialist. Remedies, such as additional outreach and/or training, will be implemented and monitored for effectiveness and modified as needed. Similar evaluative meetings will be held quarterly with OCHD LHC08 program staff.

(2) The CDD database will not be available to the public via website, computer, paper or other format. Persons requesting addresses of enrolled, treated and/or cleared units will be required to file a Freedom of Information Law request through the County Executive, and will not be given any personal information that could identify any child affected.

f. BUDGET PROPOSAL

(1) See Form HUD-424-CBW.

(2) See budget narrative justification submitted as part of Total Budget (Federal Share, Matching and Leveraging).

FACTOR 4: LEVERAGING RESOURCES

a. MATCH AND LEVERAGED RESOURCES

Onondaga County will supply match contribution of \$595,933 and leverage of \$1,500,000 for the LHC08 Program. CDD match is comprised of staff services, mileage, laboratory and paint services, and other direct costs. Leverage is from CDD's CDBG Program and will fund other mechanical and structural repairs not covered by LHC08 funds. Leverage funds will be allocated as deferred loans not to exceed \$10,000 per unit. A minimum of 150 units will be assisted. However based on LHC06's current average of \$7200 per unit, CDD estimates nearly all of the 210 LHC08 units will receive additional rehab work through leveraged CDBG funds. ***The match contribution for LHC08 is 19.86%, exceeding the 10% match requirement by \$295,933. Combined match and leverage totals \$2,095,933, which is equal to 69.86% of Total Federal share, and which exceeds the 35% threshold for maximum points in Rating Factor 4.*** Additional (unquantified) commitments of leverage from community partners are secured, as follows:

- CDD has executed an MOU with Southern Hills Preservation Corp. (SHP), a Rural Housing Preservation non-profit and certified HUD counseling agency serving Southern Onondaga County, to assist in lead education and outreach. SHP will promote the County's LHC08 program, and will provide

education on lead hazards, through its comprehensive Housing Counseling Program for first time homebuyers; through Rural Outreach (a collaboration of service agencies and food pantries serving southern Onondaga County); and through numerous community events. Additionally, SHP and CDD will partner on rehab projects through program referral; eligible households participating in SHP's home improvement program will be referred to the County for participation in CDD's LHC08 Program.

- CDD has enlisted the committed support of Catholic Charities, one of the largest faith-based non-profit community organizations in the County, to assist with program referrals. Catholic Charities serves 16,000 people per year, and frequently encounters at-risk families and children that have been exposed to lead poisoning. Households with an EBL child present (EBL greater than 10 mcg/dl) will be processed by CDD immediately upon referral and not placed on a waiting list. Additionally, Catholic Charities will assist CDD to raise community awareness about lead hazards.
- Through the Syracuse Regional Lead Task Force, CDD and OCHD have an ongoing partnership with the Central/Eastern New York Lead Poisoning Resource Center (LPRC) housed at SUNY Upstate Medical University. LHC08 collaborative efforts with LPRC will include education about lead poisoning in Onondaga County to the general public and at-risk populations. Additionally, the LPRC is in a strong position to refer families with children exposed to lead poisoning to CDD's LHC08 Program.
- CDD has committed support from P.E.A.C.E, Inc, the County's Community Action Agency, to provide referrals from their Weatherization Assistance Program, and to aid in community outreach and education. CDD also has support from Interfaith Works, Inc., a non-profit faith based community organization, to assist with outreach and education.
- Seneca Federal Savings and Loan Association has committed to a 1% interest rate reduction on fixed rate home improvement loans, for qualified borrowers participating in CDD's LHC08 Program, who need funds in excess of what can be provided through the grants.
- It is anticipated that Fair Housing Council of Central New York, Inc., a grassroots community based organization, will continue to incorporate lead paint issues in their fair housing presentations, increasing community awareness on areas where the Fair Housing Act and other non-discrimination laws intersect with issues of head hazard reduction.
- CDD and OCHD will continue to serve on the Syracuse Regional Lead Task Force, a 501(c)(3) formed by OCHD in 1996. Past Task Force activities include regional conferences and representation at home shows throughout the County. Other active participants include the Central New York Lead Poisoning Resource Center; Pediatric Lead Clinic at the State University of New York Health Center where treatment and chelation activities needed by children occur; Syracuse Research Corporation and SUNY College of Environmental Science and Forestry where studies are underway in regard to soil testing; City of Syracuse Lead-Based Paint Abatement Program; Section 8 Housing; Legal Aid Society which provides legal assistance to eligible individuals and organizations; and community based organizations such as the Westcott Community Center and Spanish Action League.

b. STRATEGY AND APPROACH (LEAP APPLICANTS ONLY)

This is not a LEAP application.

FACTOR 5: ACHIEVING RESULTS AND PROGRAM EVALUATION

a. PROGRAM ACTIVITIES, OUTPUTS, AND SHORT, INTERMEDIATE AND LONG TERM OUTCOMES

(1) The primary goal of CDD's LHC08 Program is to reduce lead hazards in targeted housing units to prevent lead poisoning of children living in those units today and in the future. The following benchmarks are proposed to complete 210 units within the three year time period:

- Paint inspections: 30% (63 units) completed by Quarter 4, 85% (178 units) by Quarter 8, and 100% (210 units) by Quarter 10;
- Units completed and cleared: 5% (10 units) by Quarter 4, 55% (115 units) by Quarter 8 and 100% (210 units) by Quarter 12;
- LOCCS Drawdowns: 5% (\$150,000) of funds drawn by Quarter 4, 30% (\$900,000) by Quarter 8 and 100% (\$3,000,000) by Quarter 12;

- Community Outreach and Education: 33% per year for each of three years (5.6 events, 116 activities, 13,333 persons reached per year);
- Skills training: 20% (14 persons trained) by Quarter 4, 50% (42 persons) by Quarter 7, 75% (63 persons) by Quarter 10 and 100% (84 persons) by Quarter 12.

To complete interim controls for 210 units in three years, it is estimated that 260 clients will be contacted and enrolled in the LHC08 Program. Of those, 225 units will receive risk assessment; 210 units will qualify for financing and will receive lead hazard control work; and 225 children living in those units will benefit. As shown above, 72 persons will be trained to perform LHC activities, 15 types of educational events will produce over 350 activities, and over 40,000 persons will be reached.

(2) Results of the above goals/benchmarks will be measured by weekly reports from Risk Assessors to the Program Manager on units inspected, completed, and cleared. The program manager will evaluate individual progress, and if necessary, discuss and implement methods to improve performance with each Risk Assessor/Inspector. Bi-weekly meetings attended by the CDD Administrator, Program Manager, Housing Program Coordinator and Rehab Specialist will be held in order to monitor and measure results of all aspects of the program, from education and outreach to enrollment, inspections, units cleared, funds drawn down, and contractor training. The input of each person present will be a valuable part of any decision-making with respect to procedural or policy changes to keep the program on track towards achieving goals and benchmarks. Quarterly LHC08 Program meetings will be held between CDD and its subrecipient to review progress, projects and identify issues associated with program implementation.

(3) Goals, program activities and schedules will be tracked in a number of ways. All program staff will be informed of goals and benchmarks upon award of the grant and periodically throughout the grant period, in biweekly and monthly meetings. Information from weekly reports will become a part of the reporting at the meetings. Quarterly meetings will be held with the OCHD, who is the subcontractor for the majority of the community outreach and education component of the program. In fact, daily interaction with OCHD Lead staff often occurs since the two offices are adjacent to each other in the County's Civic Center offices.

(4) Procedures to make adjustments to the work plan are not expected to be necessary since CDD has consistently been in "Green" status with existing and prior grants. However, should they be necessary, they will include review and discussions among the CDD Administrator, Program Manager, Housing Program Coordinator and Rehab Specialist, consultation with our HUD GTR and other grantees, and generation of likely solutions to achieve stated goals in a timely fashion.

b. LOGIC MODEL: See Form HUD-96010, Logic Model

6. BONUS POINTS

CDD will coordinate a series of EPA-accredited trainings to build local contractor capacity to undertake LHC08 work and to expand job opportunities for low-income persons. As part of this effort, CDD has executed an MOU with CNY Works, the County's One Stop Career Center, to identify and capture low-income and minority workers to participate in trainings. This training broadens the expertise and marketability of our local contractors and workers, and expands the pool of contractors available to address lead issues that are prevalent within much of the City of Syracuse and Onondaga County's aging housing stock. CNY Works will additionally work with trained low-income persons to link them back to job opportunities as needed. To date, CDD's LHC program has trained over 200 persons, the majority of which are associated with Syracuse firms and contractors. These efforts are consistent with and further the objectives of the Syracuse Empowerment Zone Strategic Plan; a signed Certificate of Consistency from the City of Syracuse EZ Coordinator Kurt Roulston is included with this application.